



"You are Important"

Documentation of Training

Name of Youth: _____

Date of Training: _____

I participated in the waiver training "You are Important" to discuss with my Family Care Coordinator and a member(s) of my family the topics of abuse and neglect and what I should do if I find myself in this type of situation. A list of telephone numbers for the local Department of Family Services office in my town/city was also provided.

My Family Care Coordinator answered my questions and shared requested information with me and my family.

Signature of Youth

Date

Signature of Participating Family Member

Date

Signature of Family Care Coordinator

Date